



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
Certification under 37 CFR §1.10 (if applicable)

EL 530 369 230 US
 Express Mail Label Number

February 7, 2000
 Date of Deposit

I hereby certify that this Transmittal Letter, enclosed application and any other documents referred to as enclosed herein, are being deposited in an envelope with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated above and addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Matthew D. Redlon
 (Print Name of Person Mailing Application)

(Signature of Person Mailing Application)

Transmittal of Utility Patent Application
for Filing Under 37 CFR §1.53(b)

Box Patent Application
 Assistant Commissioner for Patents
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing is a utility patent application by inventors: Paul S. Uster, Adam Zetter, Kristen M. Hjortsvang, and James L. Slater, and entitled:

LIPOSOME COMPOSITION AND METHOD FOR ADMINISTRATION OF A RADIOSENSITIZER

1. Enclosed are:

- ☒ This Transmittal letter.
- ☒ One stamped, self-addressed postcard for PTO date stamp.
- ☒ Certificate of Express Mail.
- ☒ One utility patent application containing text pages 1-21 and
- ☒ 03 Sheets of drawings.
- ☒ Declaration of inventorship (unsigned)
- ☐ Sequence listing printout, diskette, and matching declaration.

2. U.S. Priority

- ☒ This application claims priority of Serial No. 60/119,272 filed February 8, 2000, now pending.
- ☒ Conditional Petition for Extension of Time: An Extension of Time is requested to provide for timely filing if required to establish copendency with the parent after all papers filed herewith have been considered.

3. Foreign Priority

- ☐ Priority of Application No. filed in on is claimed under 35 USC §119.
- ☐ A certified copy of this priority document is enclosed.

1c678 U.S. PTO
 09/498704
 02/07/00

4. Fees

The filing fee has been calculated as shown below:

For:	(Col. 1)	(Col. 2)	Small Entity			Other Than a Small Entity	
	No. Filed	No. Extra	Rate	Fee		Rate	Fee
Basic Fee				\$345.00	Or		\$690.00
Total Claims	30 - 20	10	x \$ 9 =	\$	Or	10 x \$ 18 =	\$180.00
Independent Claims	3 - 3	0	x \$39 =	\$	or	x \$ 78 =	\$
<input type="checkbox"/> Multiple Dependent Claim Presented			+ \$130 =	\$	or	+ \$260 =	\$
* If the difference in Col. 1 is less than zero, enter "0" in Col. 2.							\$870.00
			TOTAL	\$	or	TOTAL	

☒ A check for \$870.00 is enclosed to cover the Filing Fee.

Respectfully submitted,

Judy Mohr

Date: 2/7/00

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